



Indiana
Department
of
Health

SAFETY PIN FUNDING OPPORTUNITY

MARY ELLEN POTTS

9/7/2021

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Agenda

- Welcome & Introductions
- Notice of Funding Opportunity
- Application Information & Overview of each section
- Next Steps
- Questions

Safety PIN MCH Programs Team

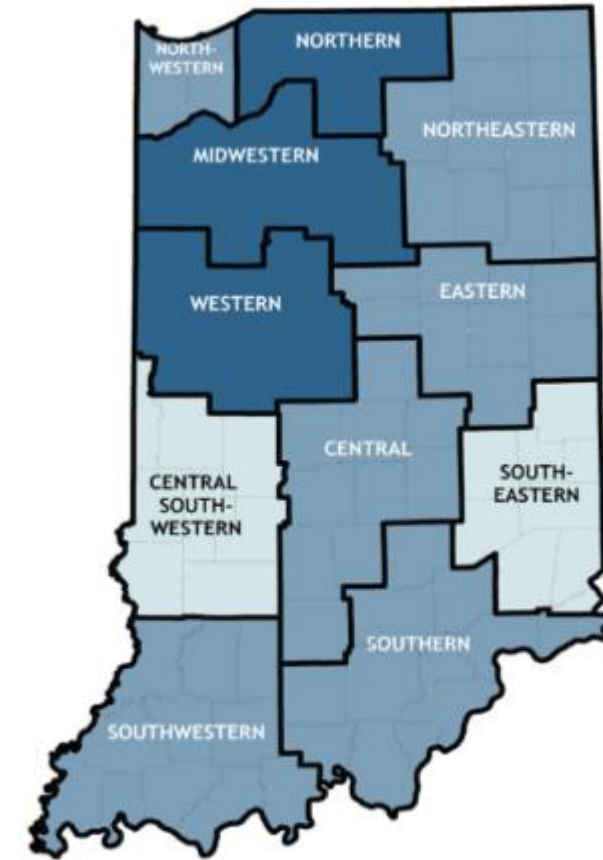
- Eden Bezy, MCH Director
- Kate Schedel, MCH Programs Director
- Mary Ellen Potts, Safety PIN Coordinator

Notice of Funding Opportunity

- Safety PIN Background
 - IC 16-46-14
 - 2017-now
- Purpose
- Funding Opportunity: Open now – September 24, 2021
- Change from previous years

Application Information

- Shorter application
 - Must use provided fillable PDF & be legible
- The RFA will provide guidance on expectations within the template
- One application per organization per region will be considered for award
- IM Regional Rates
- Safe Sleep & Home Visiting Requirements
- Ability to meet expectations in the past if applicable



Funding Overview

- New tiered award system
- Total awards and funding may vary depending on applications received
- Funding Cap: Only ask for funding your program/initiative requires
- Potential bonus awards will be reserved

Tier Levels	Potential Number of Awards	Total Budget for Two Years
1	6	\$1,000 - \$100,000
2	3	\$100,001 - 300,000
3	2	\$300,001 - \$500,000
4	1	\$500,001 - \$900,000
5	1	\$900,001 - \$1,400,000

Funding Example 1

“ABC Organization” applied for **Tier 3** at **\$480,000 for the first two years** and was awarded.

- Budget Breakdown: \$240,000 for year 1 & \$240,000 for year 2 = \$480,000 (60%)

ABC Organization reduces their Regional IMR at the end of the 2 years

- They were awarded their 40% bonus for years 3 & 4 = \$320,000
- Budget Breakdown: \$160,000 for year 3 & \$160,000 for year 4 = 40%
- **Total award for 4 years** (100% of funding) = \$800,000

Initial Grant Award		Potential Bonus Award	
Year 1	Year 2	Year 3	Year 4
100% of Funding			
60% of Funding		40% of Funding	

Funding Example 2

“WX hospital” applied for **Tier 2** at **\$120,000 for the first two years and was awarded.**

- Budget Breakdown: \$80,000 year 1 & \$40,000 year 2 = \$120,000 (60%)

WX Hospital reduces their Regional IMR at the end of the 2 years

- They were awarded their 40% bonus for years 3 & 4 = \$80,000
- Budget Breakdown: \$40,000 for year 3 & \$40,000 for year 4 = 40%
- Total award for 4 years** (100% of funding) = \$200,000

Initial Grant Award		Potential Bonus Award	
Year 1	Year 2	Year 3	Year 4
100% of Funding			
60% of Funding		40% of Funding	

Section 1 Primary Information

- Program and Organization Name
- Contact information for Project Director, Primary Contact, and Signatory Contact.
- Project Director and Primary Contact should be those directly involved with the program.

SECTION 1 Primary Information	
Program Name	
Organization Name	
Project Director	
Title	
Email	
Primary Contact	
Title	
Email	
Textable Phone Number	
Signatory Contact	
Title	
Email	
Textable Phone Number	

Section 2 Project Overview

- Short description
- Funding totals
- Counties Reached
- Anticipated Individual Reach

SECTION 2 Project Overview		
Provide a one-sentence description of your program or initiative.		
Total Funding Amount Requested for First 2 Years	Year 1:	
	Year 2:	
	Total:	
Program Funding Date	January 1, 2022-December 31, 2023	
Counties Served		
Number of anticipated individuals reached through this program if funded	Year 1:	
	Year 2:	
	Total:	

Section 3 Program Overview

- Program Description
- Project Goals
- Community Members and Organizations
- Health Equity

SECTION 3 Program Overview
SECTION 3-A PROGRAM DESCRIPTION: Provide a clear overview of the proposed program/s.
SECTION 3-B PROJECT GOALS: Provide Project SMARTIE goals (Specific, Measurable, Attainable, Relevant, Time-based, Inclusive, Equitable). Must have a minimum of 3 goals with 2 objectives each.
SECTION 3-C COMMUNITY MEMBERS AND ORGANIZATIONS: How will your program involve community members or organizations
SECTION 3-D HEALTH EQUITY: How will you ensure health equity for your program?

Section 3 Program Overview

- **Partnerships**
- **Recruitment**
- **Data Evaluation**
- **Sustainability Plan**

SECTION 3-E PARTNERSHIPS: What established relationships/partnerships do you currently have and what relationships/partnerships are you planning to make?

SECTION 3-F RECRUITMENT: How do you plan to recruit program participants?

Section 3-G DATA AND EVALUATION: Describe your organization's ability to collect data to adequately demonstrate progress being made to achieve project goals and objectives.

SECTION 3-H SUSTAINABILITY PLAN: Outline a plan for how the program activities will be sustained at the conclusion of this funding.

Budget & Justification

- Budget Template provided
 - Broken down by state fiscal years across the 2 calendar years
 - FY 22 FY23 FY 24
- Please explain each cost on the budget template in the justification section
 - Review list of unallowable costs
- Note: 10% limit to administration costs
 - accounting, audit, rent, utilities, clerical staff, and staff not directly involved in the program

Budget Example

MCH FUNDS REQUESTED - Fiscal Year 2022 (1/1/2022 - 06/30/2022) 6 Months				
Activity 100		Salary Total:	\$	20,000.00
Activity 150		Fringe Benefits Total:	\$	5,000.00
Activity 300	200.000	Contracts Total:	\$	-
Activity 400	200.600	Supplies Total:	\$	6,000.00
Activity 800	200.700	Travel Total:	\$	1,000.00
	200.800	Rent & Utilities:	\$	1,200.00
	200.850	Communication:	\$	-
	200.900	Other Expenses:	\$	4,000.00
Activity 900		Other Total:	\$	5,200.00
Activity CONSULT		Consultants	\$	-
		FY 2022 Total	\$	37,200.00

Fiscal Year:
FY 22: \$37,200
FY 23: \$81,900
FY 24: \$30,900

Calendar Year:
Year 1: \$78,150
Year 2: \$71,850

MCH FUNDS REQUESTED - Fiscal Year 2023 (07/01/2022 - 06/30/23) 12 Months				
Activity 100		Salary Total:	\$	40,000.00
Activity 150		Fringe Benefits Total:	\$	10,000.00
Activity 300	200.000	Contracts Total:	\$	-
Activity 400	200.600	Supplies Total:	\$	15,000.00
Activity 800	200.700	Travel Total:	\$	2,500.00
	200.800	Rent & Utilities:	\$	2,400.00
	200.850	Communication:	\$	-
	200.900	Other Expenses:	\$	12,000.00
Activity 900		Other Total:	\$	14,400.00
Activity CONSULT		Consultants	\$	-
		FY 2023 Total	\$	81,900.00

MCH FUNDS REQUESTED - Fiscal Year 2024 (07/01/2023 - 12/31/2023) 6 Months				
Activity 100		Salary Total:	\$	20,000.00
Activity 150		Fringe Benefits Total:	\$	5,000.00
Activity 300	200.000	Contracts Total:	\$	-
Activity 400	200.600	Supplies Total:	\$	-
Activity 800	200.700	Travel Total:	\$	-
	200.800	Rent & Utilities:	\$	1,200.00
	200.850	Communication:	\$	-
	200.900	Other Expenses:	\$	4,700.00
Activity 900		Other Total:	\$	5,900.00
Activity CONSULT		Consultants	\$	-
		FY 2024 Total	\$	30,900.00

Total Two-Year Request	\$ 150,000.00
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Work Plan

- Work Plan template provided
- Be detailed with specific activities

January 2021-January 2023 (60% funding)

Goal 1: Reduce infant sleep related deaths in our region.

Objective 1: By April 2021, 100% of staff will be trained on Safe Sleep Requirements.

Objective Rationale: In order for quick and effective implementation, staff will need to be trained to provide the education

Activity	Person Responsible	Measures of Accomplishment	By When
Find Safe Sleep Training	Project Manager	Successful Registration	January 15 th , 2021
Sign up for training	Project Manager	Successful Registration	January 15 th , 2021
Have Staff attend training	Community Health Worker Coordinator	Attendance	March 31 st , 2021

Objective 2: By December 2021, 40% of participants will always use the three safe sleep requirements

Objective Rationale: In order to reduce infant mortality caused by Safe Sleep, participants need to follow these guidelines.

Activity	Person Responsible	Measures of Accomplishment	By When
Educate all participants on their 3 rd visit.	Community Health Worker	Data Tracking and CHW Report	December 2021 (Continual January-December)
Provide Pack n Plays to 100% of clients in need.	Community Health Worker	Data and Resource Tracking and CHW Report	December 2021 (Continual January-December)
View all client's Infant Sleep Space & provide follow up education if needed	Community Health Worker	Data Tracking and CHW Report	December 2021 (Continual January-December)
Record at each visit how many of the Safe Sleep Requirements each client is following	Community Health Worker	Data Tracking and CHW Report	December 2021 (Continual January-December)

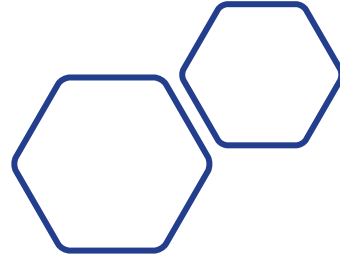
Other Funding Synopsis

- Include an overview and amount of what other Indiana Department of Health and/or MCH funding you currently hold as well as funding from other state agencies.
- Provide a general synopsis of what the funding is being used for and who your point of contact.
- Format as a PDF.

Next Steps

- Applications close September 24th 2021 at 5:00pm EST
- IDOH will review applications and request addition information or meetings
- Notice of Awards
- Contract preparation
- Contract start date of 1/1/2022
- FAQs will be updated every Monday morning with questions received before COB the previous Friday. <https://www.in.gov/health/mch/funding-opportunities/>

Questions?



Contact Information:
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